

**UTILITY PATENT APPLICATION  
TRANSMITTAL UNDER 37 CFR 1.53(b)**

**ATTORNEY DOCKET 83574ANAB  
Customer No. 01333**

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

A FAMILIAL LENTICULAR IMAGE

First Named Inventor (or Application Identifier):

Nelson A. Blish, et al

Enclosed are:

1.  Specification      6.  Assignment of the invention to  
2.  7 Sheet(s) of drawing(s)      7.  Certified copy of a priority  
3.  Information Disclosure Statement Under 37 CFR      8.  Associate Power of Attorney  
1.97.  
4. Combined Declaration for Patent Application and Power of Attorney:  
4a.  New  
4b.  Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 11 completed)

5.  Incorporation by Reference (useable if Box 4b is checked) Deletion of Inventor(s).

The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.



Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

10.  If a 111A application prior to examination of the above-identified application, amend the specification at Page 1, after the title, by inserting the following:

--CROSS REFERENCE TO RELATED APPLICATION

Reference is made to and priority claimed from U.S. Provisional Application Serial No. , filed , entitled .

If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

11.  Continuation  Divisional  Continuation-in-part (CIP) of prior application No: 10/011,662  
12.  Please address all written communications to Mark G. Bocchetti, Patent Legal Staff, Eastman Kodak Company, 343 State Street, Rochester, NY 14650-2201. Please Direct all telephone calls to Nelson A. Blish at 585-588-2720.

The filing fee has been calculated as shown below:

FOR:	NO. FILED	NO. EXTRA	RATE	FEE
BASIC FEE				\$ 770
TOTAL CLAIMS	10	- 20 =	-10 x 18 =	\$ 0
INDEPENDENT CLAIMS	2	- 3 =	-1 x 86 =	\$ 0
MULTIPLE DEPENDENT CLAIM PRESENTED			+ 290	\$ 0
			<b>TOTAL</b>	<b>\$ 770</b>

Please charge my Eastman Kodak Company Deposit Account No. 05-0225 in the amount of **\$ 770**  
**A duplicate copy of this sheet is enclosed**

The Commissioner is hereby authorized to charge any additional filing fees required under  
37 CFR 1.16 or credit any overpayment to Eastman Kodak Company Deposit Account No. 05-0225.  
**A duplicate copy of this sheet is enclosed.**

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